| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 6 | 7-9-01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ ............................... Rejected | N ............................... Non-elected |
| = ............................... Allowed | I ............................... Interference |
| — (Through numeral)... Canceled | A ............................... Appeal |
| ÷ ............................... Restricted | O ............................... Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)